

## MONTHLY OPERATING REPORT

## CHAPTER 11

CASE NAME: Debra Buchanan

CASE NUMBER: 18-02672-EE

For Period November 1, to November 30, 2018

THIS REPORT IS DUE 15 DAYS AFTER THE END OF THE MONTH. The debtor must attach each of the following forms unless the United States Trustee has waived the requirement in writing. File with the court and submit a paper copy to UST with an original signature.

Form Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Comparative Balance Sheet (FORM 2 B)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Profit and Loss Statement (FORM 2 C)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cash Receipts & Disbursements Statement (FORM 2 D)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supporting Schedules (FORM 2 E)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Narrative (FORM 2 F)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Copies of Bank Statement(s) and Reconciliations of Bank Balance to Book Balance for all Account(s)

I declare under penalty of perjury that the following Monthly Operating Report and any attachments thereto, are true and correct to the best of my knowledge and belief.

Executed on: 12/14/2018  
(date)

Debtor(s)\*: Debra Buchanan

By:\*\* 

Position: Debtor

Name of preparer: Debra Buchanan

Telephone No. of Preparer

\* both debtors must sign if a joint petition

\*\* for corporate or partnership debtor

CASE NAME: Debra Buchanan

CASE NUMBER: 18-02672-EE

## COMPARATIVE BALANCE SHEET

	Filing Date	Month	Month	Month	Month	Month	Month
	7/10 - 7/31/18	8/1 - 8/31/18	9/1 - 9/30/18	10/1 - 10/31/18	11/1 - 11/30/18	12/1 - 12/31/18	
<b>ASSETS:</b>							
<b>CURRENT ASSETS:</b>							
Cash.....	See Below	See below	See below	See below	See below		
Accounts Receivable, Net.....	N/A	N/A	N/A	N/A	N/A		
Inventory, at lower of cost or market.....	N/A	N/A	N/A	N/A	N/A		
Prepaid expenses & deposits.....	N/A	N/A	N/A	N/A	N/A		
Other	N/A	N/A	N/A	N/A	N/A		
<b>TOTAL CURRENT ASSETS.....</b>							
<b>PROPERTY, PLANT &amp; EQUIPMENT.....</b>	N/A	N/A	N/A	N/A	N/A		
Less accumulated depreciation.....	N/A	N/A	N/A	N/A	N/A		
<b>NET PROPERTY, PLANT &amp; EQUIPMENT.....</b>	N/A	N/A	N/A	N/A	N/A		
<b>OTHER ASSETS</b>							
See Schedules	\$893,657.00	\$893,657.00	\$893,657.00	\$893,657.00	\$893,657.00		
	N/A	N/A	N/A	N/A	N/A		
	N/A	N/A	N/A	N/A	N/A		
	N/A	N/A	N/A	N/A	N/A		
<b>TOTAL OTHER ASSETS.....</b>							
<b>TOTAL ASSETS.....</b>	\$893,657.00	\$893,657.00	\$893,657.00	\$893,657.00	\$893,657.00		

If assets are carried at historical cost on debtor's accounting records and debtor elects to show them as such on the monthly reports, note the change above and include remarks on FORM 2 F (Narrative). All subsequent reports must then carry these assets at that value. Do not use historical cost one month and fair market value the next.



CASE NAME: Debra Buchanan

CASE NUMBER: 18-02672-EE

## PROFIT AND LOSS STATEMENT

	Month	Month	Month	Month	Month	Month
	7/1/0 - 7/31/18	8/1 - 8/31/18	9/1 - 9/30/18	10/1 - 10/31/18	11/1 - 11/30/18	12/1 - 12/31/18
<b>NET REVENUE</b> .....						
<b>COST OF GOODS SOLD:</b>						
Material.....	\$2,854.17	\$6,498.98	\$2,436.00	\$3,027.30	\$3,695.00	
Labor Direct.....	N/A	N/A	N/A	N/A	N/A	
Manufacturing Overhead.....	N/A	N/A	N/A	N/A	N/A	
TOTAL COST OF GOODS SOLD:.....	N/A	N/A	N/A	N/A	N/A	
<b>GROSS PROFIT:</b> .....	\$2,854.17	\$6,498.98	\$2,436.00	\$3,027.30	\$3,695.00	
<b>OPERATING EXPENSES:</b>						
Selling and Marketing:.....	N/A	N/A	N/A	N/A	N/A	
General and Administrative (rents, utilities, salaries, etc.).....	N/A	N/A	N/A	N/A	N/A	
Other/Living Expenses.....	\$2,808.00	\$5,800.45	\$2,702.88	\$2,287.89	\$2,127.82	
TOTAL OPERATING EXPENSES.....	N/A	N/A	N/A	N/A	N/A	
<b>INTEREST EXPENSE</b> .....	N/A	N/A	N/A	N/A	N/A	
<b>INCOME BEFORE DEPRECIATION OR TAXES:</b> .....	N/A	N/A	N/A	N/A	N/A	
<b>DEPRECIATION OR AMORTIZATION</b> .....	N/A	N/A	N/A	N/A	N/A	
<b>EXTRAORDINARY EXPENSES *</b> .....	N/A	N/A	N/A	N/A	N/A	
<b>INCOME TAX EXPENSE (BENEFIT)</b> .....	N/A	N/A	N/A	N/A	N/A	
<b>NET INCOME (LOSS)</b> .....	\$ 46.17	\$ 698.53	\$ - 399.46	\$ 739.41	\$1,567.18	

\*Requires explanation in NARRATIVE (Form 2 F)

CASE NAME: Debra BuchananCASE NUMBER: 18-02672-EE**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**For Period 11/1 to 11/30, 2018**CASH RECONCILIATION**

1. Beginning Cash Balance (Ending Cash Balance from last month's report) \$ 739.41
2. Cash Receipts (total Cash Receipts from page 2 of all FORM 2-D's) \$ 3,695.00
3. Cash Disbursements (total Cash Disbursements from page 3 of all FORM 2-D's) \$( 2,127.82 )
4. Net Cash Flow \$ 2,306.59
5. Ending Cash Balance (to FORM 2-B) \$ 1,782.46

**CASH SUMMARY - ENDING BALANCE**

	<u>Amount*</u>	<u>Financial Institution</u>
1. Real Estate Account	\$ <u>N/A</u>	
2. Trust Account	\$ <u>N/A</u>	
3. Operating and/or Personal Account	\$ <u>1,253.75</u>	<u>Wells Fargo</u>
4. Payroll Account	\$ <u>N/A</u>	
5. Tax Account	\$ <u>N/A</u>	
6. Other Accounts (Specify checking or savings)	\$ <u>N/A</u>	
7. Cash Collateral Account	\$ <u>N/A</u>	
8. Petty Cash	\$ <u>N/A</u>	

TOTAL (must agree with line 5 above) \$

\*These amounts should be equal to the previous month's balance for the account plus this month's receipts less this month's disbursements.

**ADJUSTED CASH DISBURSEMENTS**

Cash disbursements on Line 3 above less \*  
inter-account transfers & UST fees paid \$ 2,287.89

\* NOTE: This amount should be used to determine UST quarterly fees due and agree with Form 2-D, page 2 of 4.

CASE NAME: Debra BuchananCASE NUMBER: 18-02672-EE**QUARTERLY FEE SUMMARY**MONTH ENDED 11/30/2018

Payment Date	Cash Disbursements *	Quarterly Fee Due	Check No.	Date
January	\$ _____			
February	\$ _____			
March	\$ _____			
Total				
1st Quarter	\$ _____	\$ _____	_____	_____
April	\$ _____			
May	\$ _____			
June	\$ _____			
Total				
2nd Quarter	\$ _____	\$ _____	_____	_____
July	\$ <u>2,808.00</u>			
August	\$ <u>5,800.45</u>			
September	\$ <u>2,702.88</u>			
Total				
3rd Quarter	\$ <u>11,311.33</u>	\$ _____	_____	_____
October	\$ <u>2,287.89</u>			
November	\$ <u>2,127.82</u>			
December	\$ _____			
Total				
4th Quarter	\$ _____	\$ _____	_____	_____

**DISBURSEMENT CATEGORY    QUARTERLY FEE DUE**

\$0 to \$14,999.99	\$325
\$15,000 to \$74,999.99	\$650
\$75,000 to \$149,999.99	\$975
\$150,000 to \$224,999.99	\$1,625
\$225,000 to \$299,999.99	\$1,950
\$300,000 to \$999,999.99	\$4,875
\$1,000,000 to \$1,999,999.99	\$6,500
\$2,000,000 to \$2,999,999.99	\$9,750
\$3,000,000 to \$4,999,999.99	\$10,400
\$5,000,000 to \$14,999,999.99	\$13,000
\$15,000,000 to \$29,999,999.99	\$20,000
\$30,000,000 or more	\$30,000

Note that a minimum payment of \$325 is due each quarter even if no disbursements are made in the case during the period.

\* Note: should agree with "adjusted cash disbursements" at bottom of Form 2 D, Page 1 of 4. Disbursements are net of transfers to other debtor in possession bank accounts and net of payments of prior period quarterly fees.

Form 2 D

Page 2 of 4

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CASE NAME: Debra BuchananCASE NUMBER: 18-02672-EE**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period 11/1 to 11/30, 2018Account Name: Wells Fargo Account Number:     **CASH RECEIPTS JOURNAL**

(attach additional sheets as necessary)

<u>Date</u>	<u>Description (Source)</u>	<u>Amount</u>
11/1/2018	Rental Income	\$ 525.00
11/3/2018	Rental Income	700.00
11/5/2018	Rental Income	120.00
11/5/2018	Rental Income	650.00
11/14/2018	Rental Income*	250.00
11/15/2018	Rental Income	450.00
11/20/2018	Rental Income*	1,500.00

\* This income is atypical. Both were past due payments.

Total Cash Receipts \$ 3,695.00

CASE NAME: Debra BuchananCASE NUMBER: 18-02672-EE**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period 11/1 to 11/30, 2018Account Name: Wells Fargo Account Number: \_\_\_\_\_**CASH DISBURSEMENTS JOURNAL**  
(attach additional sheets as necessary)

<u>Date</u>	<u>Check No.</u>	<u>Payee</u>	<u>Description (Purpose)*</u>	<u>Amount</u>
			Living Expenses	\$2,127.82

**Note: Please see the attached worksheet for Nov. 1-30, 2018.**Total Cash Disbursements \$ 2,127.82

\*Identify any payments to professionals, owners, partners, shareholders, officers, directors or any insiders and all adequate protection payments ordered by the court with an asterisk or highlighting. Any payments made as a result of a court order, should indicate the order date.



CASE NAME: Debra Buchanan

CASE NUMBER: 18-02672-EE

**SUPPORTING SCHEDULES**

For Period 11/1 to 11/30 , 20 18

**POST-PETITION ACCOUNTS PAYABLE AGING REPORT**

TYPE	INCURRED	DUE	0-30	31-60	61-90	OVER 90
FITW	N/A		\$	\$	\$	\$
FICA	N/A					
FUTA	N/A					
SITW	N/A					
SUTA	N/A					
OTHER TAX	N/A					
TRADE PAYABLES	N/A					
OTHER						
TOTALS			\$	\$	\$	\$

CASE NAME: Debra BuchananCASE NUMBER: 18-02672-EE**SUPPORTING SCHEDULES**For Period 11/1 to 11/30, 2018**ACCOUNTS RECEIVABLE AGING REPORT**

ACCOUNT NAME	INCURRED	DUE	0-30	31-60	61-90	OVER 90
N/A						

CASE NAME: Debra BuchananCASE NUMBER: 18-02672-EE**SUPPORTING SCHEDULES**For Period 11/1 to 11/30, 2018**INSURANCE SCHEDULE**

<u>Type</u>	<u>Carrier/Agent</u>	<u>Coverage (\$)</u>	<u>Date of Expiration</u>	<u>Premium Paid</u>
Workers' Compensation	<u>N/A</u>			
General Liability	<u>State Farm</u>	<u>\$100,000.00</u>	<u>3/27/19</u>	
Property (Fire, Theft)	<u>State Farm</u>	<u>\$257,890.00</u>	<u>3/27/19</u>	
Vehicle	<u>Alfa</u>		<u>11/08/18</u>	
Other (list):				
<u>N/A</u>				

(1) Attach copy of certificate of insurance or declaration page of policy for any coverage renewed or replaced during the current reporting month.

(2) For the premium paid column enter "yes" if payment of premium is current or "no" if premium payment is delinquent. If "no", explain on Form 2-F, Narrative.

CASE NAME: Debra Buchanan

CASE NUMBER: 18-02672-EE

**NARRATIVE STATEMENT**

For Period 11/1 to 11/30, 20 18

Please provide a brief description of the significant business and legal action by the debtor, its creditors or the court during the reporting period. Comments should include any change in bank accounts, explanation of extraordinary expenses, and purpose of any new post-petition financing. Comments should also include debtor's efforts during the month to rehabilitate the business and to develop a plan.

Expenses  
Debra A. Buchanan  
Case# 18-02672-EE  
November 1-30, 2018

DATE	*Payee	Purpose	Amount
11/1/2018	Entergy (Oct & Nov 2018)	Utilities	\$ 250.00
11/5/2018	U.S. Trustee - ck# 1C	Bankruptcy fee	\$ 325.00
11/1/2018	City Services (water)	Utilities	\$ 32.60
11/1/2018	Ambetter Health Insurance	Healthcare	\$ 280.24
11/2/2018	Comcast Business	Internet, 2 mos.	\$ 196.90
11/2/2018	ATM Cash	Cash	\$ 100.00
11/2/2018	McDade's	Grocery	\$ 42.40
11/7/2018	LabCorp	Healthcare	\$ 20.34
11/9/2018	Atmos Energy	Utilities	\$ 31.00
11/13/2018	Beemon Drugs	Healthcare	\$ 206.83
11/13/2018	Shell gasoline	Gasoline	\$ 31.32
11/14/2018	City Services (water)	Utilities	\$ 16.72
11/19/2018	Straight Talk (wifi)	Phone	\$ 15.00
11/19/2018	Straight Talk (Phone)	Phone	\$ 38.23
11/20/2018	Diabetes & Endocrine Center	Healthcare	\$ 8.11
11/26/2018	Ambetter from Magnolia Health	Healthcare	\$ 280.24
11/26/2018	Delta Dental Ins (1st premium)	Healthcare	\$ 16.57
11/28/2018	Quest Diagnostics (Premier Pain Ctr)	Healthcare	\$ 75.67
11/30/2018	Monthly fee	Bank fee	\$ 10.00
	<b>TOTAL EXPENSES PD FROM Wells Fargo (DIP)</b>		
	<b>Debra A. Buchanan</b>		<b>\$ 1,977.17</b>
DATE	*Payee	Purpose	Amount
11/26/2018	Sling TV	Internet TV subscription	\$ 36.72
	<b>TOTAL EXPENSES PD FROM Origin Bank</b>		
	<b>DAB Investment Trust</b>		
DATE	*Payee	Purpose	Amount
11/8/2018	Alfa Insurance	Automobile insurance	\$ 113.93
	<b>TOTAL EXPENSES PD FROM Bancorp South</b>		
	<b>Gary-Buchanan Enterprises, LLC</b>		
	<b>GRAND TOTAL EXPENSES - ALL ACCOUNTS</b>		<b>\$ 2,127.82</b>

INCOME for Nov. 1-30, 2018			
DATE	Payor		Amount
11/1/2018	HUD rental income - 940 Garvin		\$ 525.00
11/3/2018	HUD rental income (335 Cummins)		\$ 700.00
11/5/2018	Rental income (335 Cummins)		\$ 120.00
11/5/2018	Rental income 1828 Elaine Street		\$ 650.00
11/14/2018	Rental income (past due)- 940 Garvin St.		\$ 250.00
11/15/2018	Rental income 507 Cummins		\$ 450.00
11/20/2018	Rental deposit + 1st mo rent (agency pmt)		\$ 1,000.00
	<b>TOTAL REVENUE</b>		<b>\$ 3,695.00</b>



Account number: ■ November 1, 2018 - November 30, 2018 ■ Page 2 of 4



## Transaction history

Date	Check Number	Description	Deposits/ Additions	Withdrawals/ Subtractions	Ending daily balance
11/1		Purchase authorized on 10/31 Eqt*Ambetter 866-5498038 MO S388304602802023 Card 5711		280.24	
11/1		Entergy Services Bill Pay 7770105000945 Debra A Buchanan		250.00	
11/1		Billmatrix Billpayfee 181031 11454021272 Billmatrix		3.15	
11/1		City of Jackson Bill Pay 181031 11454021271 Debra Buchanan		29.45	1,219.62
11/2		ATM Withdrawal authorized on 11/02 6114 Ridgewood Rd Jackson MS 0005166 ATM ID 02071 Card 5711		100.00	
11/2		Purchase authorized on 11/02 McDade's Market Jackson MS P00000000473267662 Card 5711		42.40	
11/2		Comcast Corporat Cable Svc 181101 8951962 Debra *Buchanan		196.90	880.32
11/5	102	Check		325.00	555.32
11/6		Edeposi IN Branch/Store 11/06/18 03:17:51 Pm 6114 Ridgewood Rd Jackson MS 8379	1,500.00		2,055.32
11/7		Labcorp Lcbs Echeck 181106 000000995781247 Debra A Buchanan		20.34	2,034.98
11/13		Bill Pay Gas on-Line xxxxxx71093 on 11-13		31.00	
11/13		Bill Pay Pharmacy on-Line 60 on 11-13		206.83	
11/13		Purchase authorized on 11/13 Shell Service Station Jackson MS P00388317827477102 Card 5711		31.32	1,765.83
11/14		Bill Pay City Services on-Line xxxxx00000 on 11-14		16.72	1,749.11
11/19		Recurring Payment authorized on 11/16 Straighttalk*Servi 877-430-2355 FL S388320467115687 Card 5711		15.00	
11/19		Recurring Payment authorized on 11/16 Straighttalk*Servi 877-430-2355 FL S308320474237698 Card 5711		38.23	1,695.88
11/21		Purchase Return authorized on 11/20 Diabetes Endocrine Flowood MS S628325545618552 Card 5711	60.00		
11/21		Purchase authorized on 11/20 Diabetes Endocrine Flowood MS S388324745098823 Card 5711		68.11	1,687.77
11/26		Bill Pay Health Ins on-Line xxxxxx96701 on 11-26		280.24	1,407.53
11/27		Purchase authorized on 11/26 Dental Insurance A 877-2804204 CA S468330765645935 Card 5711		16.57	1,390.96
11/30		Purchase with Cash Back \$ 20.00 authorized on 11/30 McDade's Market Jackson MS P00000000639276910 Card 5711		51.54	
11/30		Quest Diagnostic Lab Tests 181129 9479419 Debra A *Buchanan		75.67	
11/30		Monthly Service Fee		10.00	1,253.75
<b>Ending balance on 11/30</b>					<b>1,253.75</b>
<b>Totals</b>			<b>\$1,560.00</b>	<b>\$2,088.71</b>	

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

## Summary of checks written (checks listed are also displayed in the preceding Transaction history)

Number	Date	Amount
102	11/5	325.00

## Monthly service fee summary

For a complete list of fees and detailed account information, see the Wells Fargo Account Fee and Information Schedule and Account Agreement applicable to your account (EasyPay Card Terms and Conditions for prepaid cards) or talk to a banker. Go to [wellsfargo.com/feefaq](http://wellsfargo.com/feefaq) for a link to these documents, and answers to common monthly service fee questions.

Fee period 11/01/2018 - 11/30/2018

Standard monthly service fee \$10.00

You paid \$10.00

How to avoid the monthly service fee

Minimum required

This fee period

Have any ONE of the following account requirements